





DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN

		For Fisca	al Year beginnin	g		and endir	ng						Amended Return Must include page 3
Your	Taxpayer ID		Spouse Taxpay	er ID					Filing St.	atus (M	lust •	🖌 ch	eck one)
							orm •UND	1				•	Married & Filing Separate Forms
						Atta	iched						
Your	First Name	M.I.	Last Name		Suffix		ned as	2	. Joint		5.		Head of Household
							endant meone						
Spoι	use First Name	M.I.	Last Name		Suffix	≺ else's	return						
							ieck if		If you were a part-y				
Pres	ent Home Address (Numbe	er and Street	t)	Ap	partment #		.L-YEAR Residen	t	you	resided	ט חו ו	elawa	are.
C ''			<u> </u>	7' 6		2023	·						
City			State	Zip Co	ode	_			mm-dd-yyyy				mm-dd-yyyy
													DELAWARE SOURCE
\$	SECTION A - INCOME AND A		S FROM FEDERAL	RETUR	N				FEDERAL COLUMN A				INCOME/LOSS
1.	WAGES, SALARIES, TIPS, ETC							1.	Ś	.00	1.	\$	COLUMN B .00
2.	INTEREST							2.	Ś	.00	2.	Ś	.00
3.	DIVIDENDS							3.	Ś	.00	3.	Ś	.00
4.	STATE REFUNDS, CREDITS O	R OFFSETS O	F STATE & LOCAL	INCOM	E TAXES			4.	Ś	.00	4.	Ś	.00
5.	ALIMONY RECEIVED				5.	Ś	.00	5.	Ś	.00			
6.	BUSINESS INCOME OR (LOS	S) (See instruc		Ð	6.	Ś	.00	6.	Ś	.00			
7a.	CAPITAL GAIN OR (LOSS)		7a.	Ś	.00	7a.	Ś	.00					
7b.	OTHER GAINS OR (LOSSES)					7b.	\$.00	7b.	\$.00		
8.	IRA DISTRIBUTIONS				8.	\$.00	8.	\$.00			
9.	TAXABLE PENSIONS AND AM			9.	\$.00	9.	\$.00				
10.	RENTS, ROYALTIES, PARTNE			10.	\$.00	10.	\$.00				
11.	FARM INCOME OR (LOSS)			11.	\$.00	11.	\$.00				
12.	UNEMPLOYMENT COMPENS	SATION (INSU	JRANCE)					12.	\$.00	12.	\$.00
13.	TAXABLE SOCIAL SECURITY	BENEFITS			13.	\$.00	13.	\$.00			
14.	OTHER INCOME (State nature	e and source)						14.	\$.00	14.	\$.00
15.	TOTAL INCOME - Add Line 1	through Line	14					15.	\$.00	15.	\$.00
16.	TOTAL FEDERAL ADJUSTMEN	NTS (See instr	uctions)				8	16.	\$.00	16.	\$.00
17.	FEDERAL ADJUSTED GROSS	INCOME FOR	DELAWARE PUR	POSES SI	u btract Line	16 from Line 15		17.	\$.00	17.	\$.00
8	SECTION B - ADDITIONS												
18.	INTEREST RECEIVED ON OBL	LIGATIONS O	F ANY STATE OTH	IER THA	N DELAWAR	E		18.	\$.00	18.	\$.00
19.	FIDUCIARY ADJUSTMENT, O	IL DEPLETION	N					19.	\$.00	19.	\$.00
20.	TOTAL - Add Line 18 to Line 1	19						20.	\$.00	20.	\$.00
21	Add Line 17 to Line 20							21.	Ş	.00	21.	Ş	.00
	SECTION C - SUBTRACTIONS												
22.	INTEREST RECEIVED ON U.S.							22.		.00		<u> </u>	.00
23.	PENSION/RETIREMENT EXCL		definition of eligible inco	ome, see inst	ructions) Milta	ary Pension	Θ	23.	Ş	.00		÷	.00
24.	DELAWARE STATE TAX REFU					-		24.	Ş	.00		<u></u>	.00
25.	Fiduciary Adjustment, Worl			re NOL	Carryforwa	rd, etc.		25.	\$ ¢	.00		<u>. </u>	.00
26a.	Taxable Social Security Ben						_	26a.			26a.	<u> </u>	.00
26b.	529 Contribution to Delawa		a ruition Program	n	or ABLE Pr	ogram	_	26b. 27			26b.	÷	.00
27.	TOTAL Add Line 22 through L							27.			27.	÷	.00
28.	Subtract Line 27 from Line 2				oo instructio		_		\$ ¢		28.	Ş	.00
29. 202	EXCLUSION FOR CERTAIN PE					-		29.			29.	Ş ¢	.00
30a. 20b	COLUMN B- Subtract Line 29			uniea De	aware Sour	te income.	EN	ler O	n Page 2, Line 42, Box	A 📃	30a.	2	.00
30b.	COLUMN A - Subtract Line 29 This is your Delaware Adjuste			Enter on	Page 2. Line 37	/ and Line 42, Box B		30b.	Ś	.00	1		

Enter on Page 2, Line 37 and Line 42, Box B 🔤 30b. 💲

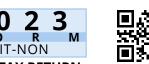
.00

BALANCE DUE WITH PAYMENT ENCLOSED (LINE 59) MAIL COMPLETED FORM TO: Delaware Division of Revenue PO Box 508, Wilmington, DE 19899-0508 Make check payable to: Delaware Division of Revenue DFPITNON2023019999V1 Revision 20230924

REFUND (LINE 60) MAIL COMPLETED FORM TO: Delaware Division of Revenue PO Box 8710 Wilmington, DE 19899-8710

ALL OTHER RETURNS MAIL COMPLETED FORM TO: Delaware Division of Revenue PO Box 8711 Wilmington, DE 19899-8711





DIVISION OF REVENUE DIVISION OF REVENUE DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN

	AND INDEPC																	
≣	SECTION D - D	EDUCTIONS																
31.	ENTER TOTAL I	TEMIZED DEDUCTIO	NS (If Filing	g Status 3, See	inst	ructio	ns)								E	31.	\$.00
32.	ENTER FOREIGI	N TAXES PAID (See in	structions))											e	32.	\$.00
33.	ENTER CHARIT	ABLE MILEAGE DEDU	CTION (Se	e instructions	5)										•	33.	\$.00
34.														Ŧ	34.	\$.00	
35.	ENTER FORM P	IT-CRS TAX CREDIT A	DJUSTMEI	NT (See instru	ictior	าร)									•	35.	\$.00
36.														Ē	36.	\$.00	
	SECTION E - CA	LCULATIONS																
37.	DELAWARE AD	USTED GROSS INCO	ME - Enter	amount from	. Line	e 30b ł	nere									37.	Ś	.00
38.	-	TANDARD DEDUCTIO			a.			tatuses 1	, 3, & 5 ent	er \$3250; Fil	ing Stat	us 2 ente	er \$6500;					
	-						Ŭ				0		. ,			38.	Ś	.00
39.	If you elect the DELAWARE ITEMIZED DEDUCTIONS check here b. Enter amount from Line 36. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - See instructions)												a		Ŧ			
	Check Box(es)- i		or over	blind						ere: 65 o	r ove	r 🗌	blind			39.	Ś	.00
40.		TIONS - Add Line 38 to			2												1	.00
41.		ME - Subtract Line 40				tax or	this a	moun	t						Ē		1	.00
42.		COMPUTATION (See in								·	D	-+- T-	hla (Y	
72.	A. Line 30a		.00	PRORAT (See	ion i instruct		IAL	la		ity from ⁻ hedule A			ible/					
	A. Line 30a B. Line 30b		.00	=				х	5.							42.	Ċ	
42-		DITC If you are Filing Chat-			Enter	r numb-	r of over		tod on Fad	aral roturn		.00	_			42.	2	.00
43a.		DITS If you are Filing Statu			_	rnumpe	r or exemp		ted on Fede		-	x \$110	=			47-	e.	
421		nount by the proratio				F				total her	e	¢110				43a.	2	.00
43b.		SPOUSE 60 or over (if filing		SELF 60 or over		Enter n	umber of		necked on L			x \$110) =					
		nount by the proratio								r total he							1	.00
44.	TAX IMPOSED I			Aust attach copy of	PIT-NN:	S and ot	her state r	eturn - P	'art-Year Re	sidents Only	(See in	struction	IS)		E		1	.00
45.		FUNDABLE CREDITS													(1	.00
46.	TOTAL NON-RE	FUNDABLE CREDITS	- Add Line	e 43a through	Line	45											Ş	.00
47.	BALANCE - Sub	tract Line 46 from Lir	ie 42. If Lir	ne 46 is greate	er tha	an Line	e 42, en	nter 0.								47.	Ş	.00
48.	DELAWARE TAX	WITHHELD - (Attach	W-2s/109	9s)											Ø	48.	\$.00
49.	ESTIMATED TAX	K PAID & PAYMENTS	WITH EXT	ENSIONS												49.	\$.00
50.	S CORP PAYME	NTS (See instructions)												e	50.	\$.00
51.	REFUNDABLE E	USINESS CREDITS (S	ee instruct	ions)											E	51.	\$.00
52.	CAPITAL GAINS	TAX PAYMENTS (Att	ach form l	REW-EST)											Ø	52.	\$.00
53.	TOTAL REFUND	ABLE CREDITS - Add	Line 48 th	rough Line 52	2											53.	\$.00
54.	BALANCE DUE	lf Line 47 is greater th	an Line 53	3, Subtract Lir	ie 53	from	Line 47	7 and 6	enter he	ere.					Ŧ	54.	\$.00
55.	OVERPAYMENT	If Line 53 is greater i	han Line 4	7, Subtract Li	ine 4	7 from	Line 5	3 and	enter h	iere.						55.	\$.00
56.	CONTRIBUTION	NS TO SPECIAL FUND	S (If electin	ng a contribut	ion, (compl	ete and	d atta	ch PIT-N	NS)				TOTAL	. 0	56.	\$.00
57.	AMOUNT OF LI	NE 55 TO BE APPLIE	D TO 2024	ESTIMATED 1		ACCO	JNT							ENTER	1	57.	\$.00
58.	PENALTIES ANI	D INTEREST DUE (If Li	ne 54 is gr	eater than \$8	00, s	ee est	imated	l tax ir	nstructio	ons)				ENTER	e	58.	Ś	.00
59.		DUE - Add Line 54, Lir											PA	Y IN FULL			Ś	.00
60.		Subtract Lines 56, 57,									ZE	RO DUE		EFUNDED			1	.00
5==		ECT DEPOSIT INFOR			lf you	ı would li	ke your ref	und depo	sited direct	ly to your chea						4		
_	COUNT TYPE				,					,,	0	0- 0	, , , , , , , , , , , , , , , , , , , ,					Is this refund going to or
Г	CHECKING	ROUTING NUMBER			ACC	ουντ		BER							_		_	through an account that is
	SAVINGS																	located outside of the United States?
																	1	YES NO
		PLEASE REMEN		ACH APPROPRIAT			IG SCHEI	DULES \	WHEN FIL	ING YOUR	RETUR	N						
Un		clare that I have examined this retur	n, including accor				i	ΡΔΙΓ		RER INFO	RΜΔΊ							
		believe it is true, correct	and complete.															
⊡v V				DATE			-	Px DA				-					- ਦ	DATE
⊢ r ĭ	YOUR SIGNATURE DATE DATE ADDRESS												JUAIL					
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<i>2</i> /⊦	OME PHONE NUME	3EK	BUSINES	5 PHONE NUME	зEК		- I						_	0				
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	@ EMAIL A	DDRESS					- I	@ EN	AIL ADD	RESS								
	DFPITNON	2023029999V1 0230924					Page											







FOR AMENDED RETURNS ONLY COLUMN B 61. TOTAL REFUNDABLE CREDITS - From Line 53 61. .00 62. AMOUNT PAID ON ORIGINAL RETURN 62. .00 63. SUBTOTAL - Add Lines 61 and 62 63. .00 **REFUND RECEIVED** (If any, see instructions) 64. 64. .00 65. Estimated tax carryover and/or Special Funds contributions as shown on original return 65. .00 66. Subtract Line 64 and Line 65 from Line 63 66. .00 67. BALANCE DUE - If Line 47 is greater than Line 66, Subtract Line 66 from Line 47 and enter here 67. .00 OVERPAYMENT - If Line 66 is greater than Line 47, Subtract Line 47 from Line 66 and enter here 68. 68. .00 AMOUNT OF LINE 68 TO BE APPLIED TO YOUR ESTIMATED TAX ACCOUNT (See Instructions) 69. 69. .00 PENALTIES AND INTEREST DUE 70. 70. .00 71. NET BALANCE DUE - Add Line 67 and Line 69 to Line 70 PAY IN FULL 71. .00 72. NET REFUND - Subtract Line 69 and Line 70 from Line 68 ZERO DUE/TO BE REFUNDED 72. .00 73. Is an amended Federal return being filed? No Yes If no, please explain. If the changes pertain to the Delaware return only, list the line numbers being amended. 74. Has the Delaware Division of Revenue advised you your original return is being audited? Yes No 75. Is this amended return being filed as a protective claim? Yes No A detailed explanation of all changes must be provided in this space. All supporting schedules and/or documentation must be attached.







PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN